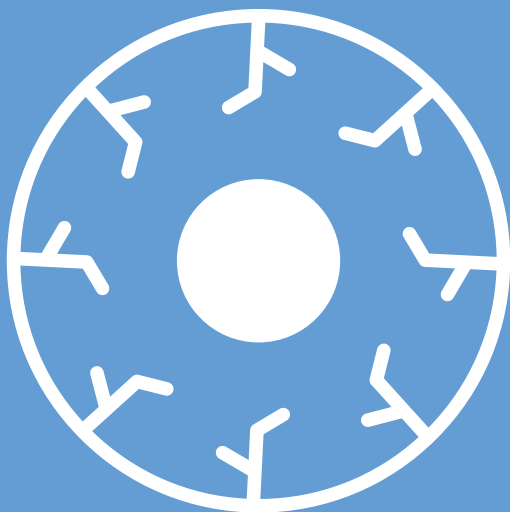


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GENERAL INFORMATION

DRY EYE



WHAT IS DRY EYE?

Dry eye is a chronic eye condition. Normally, a layer of tears covers the surface of the eye to keep it moist, and meibomian glands in the eyelids secrete oils to slow evaporation of these tears. Dry eye results if there is an insufficient supply of tears or if the tears evaporate too quickly.

Meibomian gland dysfunction (MGD), where the glands don't function properly either due to blockage or oil deficiency, is a leading cause of dry eye.

People with dry eye may experience discomfort and have difficulty reading, using a computer, watching TV and driving. In its most severe form, dry eye can be accompanied by inflammation of the eye surface, sleep disturbances and depression. The detrimental effects (physical, emotional, financial) can be quite significant.

Dry eye is commonly confused with other conditions, in particular allergies. It can be tricky to diagnose because symptoms vary, are subjective and can be described in many different ways (e.g. 'feels gritty' vs 'feels like something in my eye').

The condition can't be cured, but available treatments aim to relieve symptoms and improve quality of life. The earlier dry eye is detected and treatment started, the better.

AROUND ONE THIRD OF AUSTRALIAN ADULTS AND HALF OF THOSE AGED OVER 50 HAVE DRY EYE.¹ FEMALES ARE AT GREATER RISK OF DEVELOPING THE CONDITION.



WHAT ARE THE SYMPTOMS OF DRY EYE?

- Gritty sensation
- Watery eyes or excessive tearing
- Redness
- Foreign-body sensation
- Burning
- Pain
- Sensitivity to light
- Fluctuating vision
- Itchiness

How do you diagnose dry eye?

Ophthalmologists use a combination of tests to diagnose dry eye, including:

- **Schirmer tear test:** Determines if the eye produces enough tears to keep it moist
- **Tear-film osmolarity test:** Measures the concentration of various components of the tears
- **Tear breakup time:** Measures how quickly the tear film evaporates
- **Corneal fluorescein staining:** Shows any abrasions or scratches on the cornea
- **Meibography:** Analysis of meibomian gland function
- **Tear analysis:** Looks for inflammatory markers in the tear film
- **Symptom questionnaires:** Helps the ophthalmologist determine the severity of your symptoms.

REFERENCES

1. Chia EM, Mitchell P, Rochtchina E, Lee AJ, Maroun R, et al. Prevalence and associations of dry eye syndrome in an older population: the Blue Mountains Eye Study. *Clin Exp Ophthalmol.* 2003 Jun;31(3):229-32. doi: 10.1046/j.1442-9071.2003.00634.x.



HOW DO YOU TREAT DRY EYE?

Treatment may include the following measures to relieve symptoms and prevent complications:

- **Regular artificial tear drops:** At least three to four times a day
- **Blink more often:** Especially when using a computer or other electronic devices
- **Warm compresses:** With either a face cloth or heat bag
- **Eyelid hygiene:** Keep eyelids clean, especially if they get crusty
- **Omega-3 fatty acids:** Include plenty of these in your diet
- **Humidify the room:** With bowls of water around the room or a good-quality humidifier
- **Wear wraparound sunglasses:** To stop the tear film from drying out too quickly
- **Minimise exposure to heaters/air-conditioners:** To stop the tear film from drying out too quickly
- **Topical steroids:** Usually reserved for severe or chronic cases, but do carry a small risk of increasing eye pressure – let your ophthalmologist/optometrist know if you have a family history of glaucoma
- **Surgery:** To close the ducts draining tears from your eyes into your nose.

Newer treatments for dry eye include:

- **Intense pulsed light (IPL):** Used to reduce inflammation along the rim of the eyelids to boost meibomian gland function
- **Thermal pulsation:** Special equipment applies heat and controlled pressure to the meibomian gland to promote the flow of oil
- **Medications:** To promote the flow of tears.

FAQs



Can dry eye be cured?

There is no cure for dry eye, but there are a number of treatments available. It may take a bit of trial and error to find the right option for you.

At times your condition will improve and you may be tempted to discontinue treatment. However, dry eye is a chronic condition and it's important to continue treatment, unless your doctor tells you otherwise.

Do I still need to use lubrication if I'm on prescription medication?

Yes, keep using lubrication as directed by your doctor. However, make sure that you only use a product recommended by your doctor, as some eye drops can make dry eye worse.



Who is at risk of getting dry eye?

Anyone can develop dry eye, but you are more likely to develop the condition as you get older (e.g. 50+). Dry eye is more common in females, and is particularly common in post-menopausal women. People who wear contact lenses, use computers or other screens for long periods of time, and/or live in dry, windy climates are also at increased risk of developing dry eye.

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OUR DRY EYE CLINICS

For more information or to find a Vision Eye Institute clinic that treats dry eye, visit: visioneyeinstitute.com.au/services/dry-eye

This information is general in nature. All medical and surgical procedures have potential benefits and risks. Consult your ophthalmologist for specific medical advice.



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